


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V18496 (2)</b> 1. Corporation Name <b>CONSUMERS INSURANCE GROUP, INC.</b>					
Principal Place of Business <b>13542 N. FLORIDA AVE. #216 TAMPA FL 33613 US</b>			Mailing Address <b>13542 N. FLORIDA AVE. #216 TAMPA FL 33613 US</b>		
2. Principal Place of Business 21 <b>902 W. Busch Blvd. #102 Tampa, FL 33612</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>902 W. Busch Blvd. #102 Tampa, FL 33612</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/03/1992</b>	
22 City & State		27 City & State		4. FEI Number <b>59-3112125</b> Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JORGENSEN, PREBEN 18711 LAKESHORE DRIVE LUTZ FL 33549</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>JORGENSEN, PREBEN</b> STREET ADDRESS <b>18711 LAKESHORE DRIVE</b> CITY-ST-ZIP <b>LUTZ FL</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Vice-Pres.</b> 1.3 STREET ADDRESS <b>Vincent J. Randazzo</b> 1.4 CITY-ST-ZIP <b>1008 Samy Dr. Tampa, Fla. 33613</b>		
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP		

SIGNATURE:

4-29-98 (813) 9361500

CR2E034 (10/97)